

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ C C00490375	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 03 / 26 / 2016</div> </div>	

Full Name of Payee North Wood Advertising		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 26 / 2016	
Mailing Address 1201 Fifteen Building 15 South Fifth		Amount 12020.00	
City Minneapolis	State MN	Zip Code 55402	Transaction ID : D711481
Purpose of Expenditure Radio	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 03 / 15 / 2016	
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AK
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee North Wood Advertising		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 26 / 2016	
Mailing Address 1201 Fifteen Building 15 South Fifth		Amount 23500.00	
City Minneapolis	State MN	Zip Code 55402	Transaction ID : D711483
Purpose of Expenditure Radio	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 03 / 15 / 2016	
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: HI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	35520.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Martha Kuhl

[Electronically Filed]

Date

 MM / DD / YYYY
 04 / 08 / 2016

Signature